

draft Bill C-9 is one of the many potential stumbling blocks described in my commentary.<sup>1</sup> Whether the early praise offered by the WHO and the UN Special Rapporteur on the Right to Health is deserved will depend on the provisions of the final bill. As I write this (late March 2004), public hearings on the bill are still in progress. Medical students, faculty members and practising health care professionals can make their opinions heard by contacting their MP or the prime minister's office directly.

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### Reference

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## Beyond weapons of mass salvation

I applaud Prabhat Jha and associates<sup>1</sup> for outlining Canada's failure to address the needs of the global poor. Canada should be ashamed of its contribution of 0.28% of gross national income,<sup>2</sup> which falls far short of Lester B. Pearson's vision of 0.7% of gross domestic product.

Like many others involved in work related to developing countries, I agree that preventable diseases of childhood need attention and that significant amounts of money must be contributed to reduce their burden. However, monetary aid is only one aspect of the solution. Just as important is the need to raise awareness, not only within the medical profession but also throughout the general public. Efforts such as those of *CMAJ*<sup>1,3</sup> represent but a first step.

We must also deal with the lack of a cadre of international health professionals. Despite the increased interest among students and young professionals in participating in international health,

the failure to create viable career pathways has limited development of this field in Canada. A Canadian public health school might help in this regard.

Finally, although technical innovations are now available for diseases such as measles (vaccines), malaria (drug-impregnated bed netting), pneumonia (antibiotics) and gastroenteritis (oral rehydration solutions), research is still needed to improve the delivery of health services to the people who need it most.

Will Canada lead the world in helping the global poor?

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## Reporting process of randomized controlled trials

Andreas Laupacis and colleagues<sup>1</sup> raise important concerns regarding the almost complete lack of an appropriate process for evaluating newly approved therapeutics once they are in widespread clinical practice in Canada. Their suggestion for Centres of Excellence in Pharmacovigilance is promising and deserves further scrutiny, particularly because the regionalization of health care services positions Canada as a potential international leader in this area.

An example of how such a centre would work is already available. In Alberta the introduction of the biological

therapies infliximab and etanercept for the treatment of rheumatoid arthritis has been accompanied by a mandatory program of pharmacovigilance developed by rheumatologists at the University of Alberta and the University of Calgary. The Rheumatoid Arthritis Pharmacovigilance Program and Outcomes Research in Therapeutics (RAPPORT) Team has developed a systematic approach to collecting data on effectiveness, adverse events and cost-effectiveness for all Alberta patients receiving these agents for the treatment of rheumatoid arthritis.<sup>2</sup> What is additionally unique about this program is the application of defined and validated criteria in the ongoing surveillance of effectiveness; this ensures that patients who no longer meet the response criteria are withdrawn from these costly therapies, which in turn ensures accountability for dollars spent. This operational model of pharmacovigilance has become enmeshed with routine clinical practice and illustrates what can be accomplished through a committed partnership involving academia, government payers and industry.

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2. Barr S, Maksymowych W, Steber W, Mallon C, Martin L. "Real-world" effectiveness of infliximab and leflunomide: the Alberta experience [abstract]. Annual meeting of Canadian Rheumatology Association; Lake Louise, Alta.; 2004 Feb 25-28. *J Rheumatol*. In press.

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## Correction

In the March 2, 2004, issue there was a transposition error in the page numbering. The page numbering for this issue should have begun with 573 and not 753.

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